District Youth Counselor's Quarterly Report

District No. _____

Report Months *Due Date**	☐ **Report 1** Jan, Feb, Mar *April 15**	☐ **Report 2** Apr, May, Jun *July 15**	☐ **Report 3** Jul, Aug, Sep *October 15**	☐ **Report 4** Oct, Nov, Dec *January 1**

Youth Club	Visit, Contact Dates	Results, Comments
Month _____		
Month _____		
Month _____		

Upcoming District Activities _____

Comments _____

DYC's Signature _____ Date _____

**Report must be recieved by the date due to receive quarterly reimbursement. Mail to:*

SPJST State Fraternal Director Frank Horak • P.O. Box 100 • Temple, TX 76501

File Name: DYC Quarterly Report 2020